B22A (Official Form 22A) (Chapter 7) (12/08)

In re	Victor William Schrock Angela Kay Schrock	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		— ☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
IA	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after Sep 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1) at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and c required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The pretemporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion are not required to complete the balance of this form, but you must complete the form no later than 14 days after the which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 				

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	Part II. CALCULATION OF M	ION	THLY INCO	ME FOR § 707(b)	(7) E	EXCLUSION	
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.						
a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A (" Debtor's Income") for Lines 3-11.					ther than for the	
	c. ☐ Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou				2.b ab	ove. Complete b	ooth Column A
	d. Married, filing jointly. Complete both Colu				("Spo	use's Income'')	for Lines 3-11.
	All figures must reflect average monthly income re	eceive	ed from all source	s, derived during the six		Column A	Column B
	calendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a	l duri	ng the six months			Debtor's Income	Spouse's Income
3	Gross wages, salary, tips, bonuses, overtime, cor	nmis	sions.		\$		\$
	Income from the operation of a business, profess	sion (or farm. Subtract	Line b from Line a and	ı		
	enter the difference in the appropriate column(s) or	f Line	e 4. If you operate	e more than one			
	business, profession or farm, enter aggregate numb						
4	not enter a number less than zero. Do not include Line b as a deduction in Part V.	any	part of the busin	ess expenses entered o	n		
4	Line b as a deduction in 1 art v.		Debtor	Spouse	7		
	a. Gross receipts	\$	Decitor	\$			
	b. Ordinary and necessary business expenses	\$		\$			
	c. Business income	Sub	tract Line b from	Line a	\$		\$
	Rents and other real property income. Subtract	Line	b from Line a and	enter the difference in			
	the appropriate column(s) of Line 5. Do not enter	a nui	mber less than zer	o. Do not include any			
_	part of the operating expenses entered on Line b	as a			_		
5			Debtor	Spouse	4		
	a. Gross receipts	\$		\$	4		
	b. Ordinary and necessary operating expensesc. Rent and other real property income		otract Line b from	I in a a	- _\$		\$
-		Suc	btract Line b from	Line a	-		
6	Interest, dividends, and royalties.				\$		\$
7	Pension and retirement income.				\$		\$
	Any amounts paid by another person or entity,						
8	expenses of the debtor or the debtor's dependen purpose. Do not include alimony or separate main						
	spouse if Column B is completed.	terrar	ice payments of al	nounts para by your	\$		\$
	Unemployment compensation. Enter the amount	in the	e appropriate colu	nn(s) of Line 9.			
	However, if you contend that unemployment compensation received by you or your spouse was a						
9	benefit under the Social Security Act, do not list the	ne am	ount of such comp	pensation in Column A			
	or B, but instead state the amount in the space belo	ow:			٦		
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$						
	be a benefit under the Social Security Act Debto				\$		\$
	Income from all other sources. Specify source an						
	on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate						
maintenance. Do not include any benefits received under the Social Security Act or payments							
4.0	received as a victim of a war crime, crime against humanity, or as a victim of international or						
domestic terrorism.							
	Г		Debtor	Spouse	4		
	a.	\$		\$	\parallel		
	b.	Ф		\$	-		
	Total and enter on Line 10				\$		\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, in Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			if \$		\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$			
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption do top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	loes not arise" at the			
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV. V. VI. and VII of this statement only if required. (See Line 15.)

	Complete Parts IV, V, VI, and V	11 of this	statement only if required	. (See Line 15.)		
	Part IV. CALCULATION OF CU	JRREN'	F MONTHLY INCOM	ME FOR § 707(b)	(2)	
16	16 Enter the amount from Line 12.					
17	Marital adjustment. If you checked the box at Line 2 Column B that was NOT paid on a regular basis for the dependents. Specify in the lines below the basis for exspouse's tax liability or the spouse's support of person amount of income devoted to each purpose. If necessar not check box at Line 2.c, enter zero.					
	a.		\$			
	b.		\$			
	c.		\$			
	d.		\$		Φ.	
	Total and enter on Line 17				\$	
18	Current monthly income for § 707(b)(2). Subtract I	Line 17 fro	om Line 16 and enter the res	ult.	\$	
	Part V. CALCULATIO	N OF D	EDUCTIONS FROM	INCOME		
	Subpart A: Deductions under S	Standard	ls of the Internal Reven	ue Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Household members under 65 years of age Household members 65 years of age or older					
	a1. Allowance per member	a2.	Allowance per member	T T		
	b1. Number of members	b2.	Number of members			
	c1. Subtotal	c2.	Subtotal		\$	
20A	Local Standards: housing and utilities; non-mortga Utilities Standards; non-mortgage expenses for the ap available at www.usdoj.gov/ust/ or from the clerk of the	plicable c	ounty and household size. (\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your cour available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c Monthly Payments for any debts secured by your home, as stated in L the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	aty and household size (this information is ourt); enter on Line b the total of the Average				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Little result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					

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27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$				
	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to					
28	pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not	\$				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for					
29	education that is required for a physically or mentally challenged dependent child for whom no public education	\$				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	ø				
	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you	\$				
32	actually pay for telecommunication services other than your basic home telephone and cell phone service - such as					
	pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	Φ				
22		\$				
33		\$				
	Subpart B: Additional Living Expense Deductions					
	Note: Do not include any expenses that you have listed in Lines 19-32					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
34	a. Health Insurance \$					
	b. Disability Insurance \$					
		\$				
	Total and enter on Line 34.					
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$					
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$				
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$				

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40	Cont	inued charitable contribution	ons. Enter the amount that you will contine organization as defined in 26 U.S.C. §			e form of cash or	\$
41	Tota	l Additional Expense Deduc	tions under § 707(b). Enter the total of l	Lines	34 through 40		\$
			Subpart C: Deductions for De	bt F	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					fonthly Payment, total of all iling of the	
		Name of Creditor	Property Securing the Debt	A	verage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a.					n may include in on to the di include any such amounts in	
44	prior	ity tax, child support and alim	r claims. Enter the total amount, divided to cony claims, for which you were liable at such as those set out in Line 28.		, of all priority cl		\$
			ases. If you are eligible to file a case under a by the amount in line b, and enter the re				
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				be a and b	\$	
46	c.		ent. Enter the total of Lines 42 through 4:		tai. Waitipiy Eine	os a ana o	\$
10	Subpart D: Total Deductions from Income						Ψ
47	TD - 4 - 1	1 . 6 . 11 . 1 . 1 1	1				\$
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.						Ф
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						Г
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$	
49			Total of all deductions allowed under §				\$
50	Mon	thly disposable income unde	er § 707(b)(2). Subtract Line 49 from Line	e 48 a	and enter the resu	lt.	\$
51	60-m result	=	er § 707(b)(2). Multiply the amount in L	ine 50	0 by the number of	60 and enter the	\$

	Initial presumption determination. Check the applicable bo	x and proceed as directed.					
52	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32	☐ The amount set forth on Line 51 is more than \$10,950 C statement, and complete the verification in Part VIII. You may						
	$\hfill\Box$ The amount on Line 51 is at least \$6,575, but not more	than \$10,950. Complete the rea	nainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured deb	ot	\$				
54	Threshold debt payment amount. Multiply the amount in Li	ne 53 by the number 0.25 and	enter the result. \$				
	Secondary presumption determination. Check the applicable	e box and proceed as directed.					
55	☐ The amount on Line 51 is less than the amount on Line of this statement, and complete the verification in Part VIII.	54. Check the box for "The pro	sumption does not arise" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITION	AL EXPENSE CLAIM	S				
56	Other Expenses. List and describe any monthly expenses, no	t otherwise stated in this form,	that are required for the health and welfare of				
	you and your family and that you contend should be an additi 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a s						
	each item. Total the expenses.		2				
	Expense Description		Monthly Amount				
	a.	\$					
	b.	\$ \$					
	c. d.	\$ \$					
	Total: Add Line						
	Part VIII. V	ERIFICATION					
	I declare under penalty of perjury that the information provide	ed in this statement is true and o	correct. (If this is a joint case, both debtors				
	must sign.) Date: November 24, 2009	Signature: /s/ Vic	tor William Schrock				
	<u> </u>		William Schrock				
57			(Debtor)				
	Date: November 24, 2009	Signature /s/ An	gela Kay Schrock				
		Ange	a Kay Schrock (Joint Debtor, if any)				